## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000001413

SIGNATURE: TORBEN WETCHE

Electronic Signature of Signing Officer or Director

Entity Name: PERFORMANCE FIBERS, INC.

FILED Mar 19, 2008 Secretary of State

03/19/2008

Date

**TREA** 

Current Principal Place of Business:				New Principal Place of Business:				
707 EAST MAIN STREET								
1800 RICHMOND, VA 23219								
Current Mailing Address:				New Mailing Address:				
ACCOUNT PAYABLE P.O. BOX 2062 RICHMOND, VA 32318				338 PEA RIDGE ROAD NEW HILL, NC 27562				
FEI Number:	20-1544879	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of	Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of N	lew Registe	red Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  The shave named entity submits this statement for the numbers of changing its registered effice or registered agent, as both								
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE:								
Electronic Signature of Registered Agent					Date			
Election Campaign Financing Trust Fund Contribution ( ).								
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	ROGOWSKI, GR	STREET, SUITE 1800		Title: Name: Address: City-St-Zip:	()	Change ( ) Ac	ldition	
Title: Name: Address: City-St-Zip:	WERNER, RONA	STREET, SUITE 1800		Title: Name: Address: City-St-Zip:	()	Change ( ) Ac	ldition	
Title: Name: Address: City-St-Zip:	WETCHE, TORBI	STREET, SUITE 1800		Title: Name: Address: City-St-Zip:	()	Change ( ) Ac	ldition	
Title: Name: Address: City-St-Zip:	T. SCOTT, KING	Delete ITER CIRCLE, SUITE 470 L 33486		Title: Name: Address: City-St-Zip:	()	Change ( ) Ac	ldition	
Title: Name: Address: City-St-Zip:	ALLEN, JAMES D	ITER CIRCLE, SUITE 470		Title: Name: Address: City-St-Zip:	D (X) ALGER, MIKE 5200 TOWN CE BOCA RATON,			
Title: Name: Address: City-St-Zip:	JOHNSON, JAME	STREET, SUITE 1800		Title: Name: Address: City-St-Zip:	()	Change ( ) Ac	ldition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.								